



**City of Chandler
License Application
Transaction Privilege & Use Tax**

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For Office Use Only Telephone: 480-782-2280

Mailing Address: MS 701, PO Box 4008, Chandler, AZ 85244-4008
Location address: 175 S. Arizona Ave, Suite A, Chandler, AZ 85225

APPLICANT USE

AMOUNT DUE

**APPLICATION
FEE \$15.00 +
LICENSE FEE**

\$ _____

SEE FEE
SCHEDULE

TOTAL PAYMENT

\$ _____

**BUSINESS
START DATE IN
CHANDLER IS
MANDATORY**

**FEES ARE NOT
REFUNDABLE**

Prior Year
License & Late
Fees May Apply

**For Office
Use Only**

Check one:	<input type="checkbox"/> New Business	Former Owner (if applicable)	Previous City License #
	<input type="checkbox"/> New Owner of Existing Business		
Check any that apply:	<input type="checkbox"/> Name Change Only	Current City License #	Date of Change
	<input type="checkbox"/> Location Change		

SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company or "DBA", first name first):

Business Location Address:

City, State, Zip Code + 4:	Business Phone (Including Area Code):		
Start Date (in Chandler):	E-mail address:	State Tax License #:	Federal ID #:

SECTION II. MAILING ADDRESS & PHONE NUMBER

Enter Name if Different from Section I (above) or Enter Care-Of Name:

Mailing Address:

City, State, Zip Code + 4:	Phone (Including Area Code):
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SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership: Individual LLC Corp. - State Inc. _____ Gen. Partnership Ltd. Partnership Other _____

Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	Name	Title		
	Home Address	Social Security #		
	City	State	ZIP Code	Phone No.
	Name	Title		
	Home Address	Social Security #		
	City	State	ZIP Code	Phone No.
Corporate or LLC Statutory Agent	Name	Phone No.		
Location Where Business Records Are Kept	Name	Phone No.		
	Address	City	State	ZIP Code

Business Class Codes:

NAICS Code:

Filing Freq.
M Q A C

Master Lic. #:

Entered By:

Zoning Appr. Date:

LAWA:

Approved By: _____ Date: _____

SECTION IV. BUSINESS TYPE

Business Type Retail Sales Restaurant/Bar Amusement Construction Contracting Use Tax Wholesaler
 Manufacturer Commercial Rental Residential Rental (# of Units _____) Hotel/Motel Other _____

Describe Nature of Business _____ Contractors # _____

Check method you will use in submitting reports: Cash Receipts Accrual Number of Employees: _____

SECTION V. BUSINESS PREMISES STATUS

Do you own your business location? Yes No If yes, is this your residence? Yes No
If no, complete Landlord/Property Manager information:

Landlord/Property Manager Name	Address	Phone #
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Do you rent a portion of the business premises to another entity? Yes No

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name	Signature	Title	Date
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